

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

8659

Registrar's No.

2142

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Desloge Hospital /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 weeks  
(Specify whether  
In this community 60  
years, months or days)

3. (a) PRINT FULL NAME Dora Fischer

3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Albert Fischer  
6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased March 6 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 11 26 hr. min.

9. Birthplace Belleville Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Peter Bauer  
13. Birthplace Unk. Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Philippine Carl  
(City, town, or county) (State or foreign country)  
15. Birthplace Unk. Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Guedmeyer & Sons  
(b) Address 3934 N. 70th St.

17. (a) Burial (b) Date thereof Mar. 5 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Guedmeyer & Sons  
(b) Address 3934 N. 70th St.

19. (a) MAR 6 1940 (b) J. Fischer  
(Date of death) (Signature of licensed embalmer)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 8  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8417 Halls Ferry  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 60 yrs. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd  
year 1940 hour 12 (noon) minute 00 M.

21. I hereby certify that I attended the deceased from  
Feb. 29th, 1940, to March 2nd, 1940,  
that I last saw her alive on March 2nd, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral pyelonephritis with uremia Uncertain  
non calculous Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy Bilateral Pyelonephritis

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature E. O. Brown (M. D. or other) M.D.  
Address 1325 S. Grand Blvd. Date signed 3/3/40

*Suedmeyer & Sons - C-2672*

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Alfred J. Boedeker*

Licensed Embalmer No. *2663*

P. O. Address *4204 Prairie*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**